

Fee: \$10.00 per Wrestling Official Category

**KENTUCKY BOXING AND WRESTLING AUTHORITY
APPLICATION FOR LICENSE
AS A WRESTLING OFFICIAL**

I hereby make application for a license to officiate at wrestling matches as:

WRESTLING: Manager_____ Referee_____ Timekeeper_____

In accordance with Kentucky law, applicants for license as a wrestler are required to be licensed annually by the Kentucky Boxing and Wrestling Authority. The license fee for each boxing/wrestling official is \$10.00 and must be in the form of a check or money order, made payable to the *Kentucky State Treasurer*. No cash payments are accepted.

(Please Print in Ink) This form must be completed entirely. DATE: _____

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____

State _____ Zip _____ Telephone (Home) _____

Work _____ Cell _____ Emergency _____

Fax _____ E-mail _____

Date Birth _____ Height _____ ft. _____ Weight _____ lbs.

Occupation: _____ Employer: _____

City _____ State _____ Zip _____

PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN ISSUANCE OF THE LICENSE.

(OVER)

Revised November 2005

Describe your experience that would support your being granted a license to officiate.

(Continue on a separate sheet if needed): _____

Please list any names you work under: _____

Have you ever held a license to be a Wrestling Official in Kentucky?

☐ Yes ☐ No License # _____

Have you ever been licensed to be a Wrestling Official in another state(s)?

☐ Yes ☐ No License # _____ If yes, in what state(s) _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please provide details.

You may use another sheet of paper if necessary.

Date _____ Offense _____ Court _____ Disposition _____

A TRUE STATEMENT MADE UNDER PENALTY OF LAW.

Signature of Applicant

Date

Release: Contestant, by affixing his/her signature herein, hereby releases and discharges the promoter, the officials, the physician, and the Kentucky Boxing and Wrestling Authority of and from any and all claims that he/she may have by reason of any injury or damage that he/she may sustain in, or in connection with, said contest not due to failure of promoter to provide a proper place, ring, or other equipment for the same in accordance with the rules and regulations of the Kentucky Boxing and Wrestling Authority. Further, contestant affirms that the answers in the "past history" section of this document are true. Contestants also certifies that, at present time, he/she is not under suspension by any of the jurisdiction.

APPLICANT'S SIGNATURE

PLEASE MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

Department of Public Protection
Kentucky Boxing and Wrestling Authority
100 Airport Road, Suite 300
Frankfort, Kentucky 40601